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## **COVER LETTER**

TO: ... Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

subject: <u>D</u> 1	CI XXI By Name offLim	PATRICIA CAR	WAL HOLLO
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	<u></u>	ee Nasciue Name of Person	en 5
		Firm/Company	
	7411	Victoria C	ùi
		City/State and Zip Code	
For further information c	E-mail address: ( oncerning this matter, please ca	to be used for future annual report not	ification)
		at () Area Code — Daytin	
Name o	l Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Section Division of Corpo	on

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia		cualho LLE
The Articles of Organization for this Limited Liability Company w	ere filed on 12/27/201	16 and assigned
Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ly company here:	
PATY HAIR SALON The new name must be distinguishable and contain the words "Limited Liability	SPA LLC Company," the designation "LLC" or the	abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7 106
		THE THE THE
Enter new mailing address, if applicable:	<del></del>	= 0
(Mailing address MAY BE A POST OFFICE BOX)		, J
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>ente</u>	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office ac	rformance of my diales, and I an ovided for in Chapter 605, F.S. O	n familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			□ Change
			□ Adđ
			Remove
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessar	
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		DIVISION OF TURE
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l'an effectiv <u>Sote:</u> If th	e date, if other than the date of filing:	.) Pursuant to 605.0207
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. Oth day after the record is filed.	on the earlier of
ated	July 27 20/7	
	Patricia Carvalho Signature of a member or authorized representative of a member	
	PATRICIA CARUACHO Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00